ABCs of Medicare Part D

Satellite Conference and Webcast • September 30, 2005 Evaluation Form

The Alabama Hospital Association would like you to complete this evaluation form so that they can assess the effectiveness of this program. Please return this evaluation form by fax: 334-270-9527.

How	did you view th	is broadcas	t?			
	□ Satellite		□ Webcast			
1.	In your opinion, how informative was this broadcast?					
	□ Very informative		☐ Somewhat informative		□ Not informative	
2.	Was the information presented clearly?					
	□ Yes	□ No	☐ Other			
3.	Do you feel the information was thorough enough for you to apply it in your job?					
	□ Yes	□ No	☐ Other			
4.	What did you like MOST about the broadcast?					
5.	What did you like LEAST about the broadcast?					
6.	How would you rate the broadcast, OVERALL?					
	☐ A (exceller	nt) 🗆 B	□ C	ם D	☐ F (poor)	
7.	What other information would you like to have regarding this subject?					
8.	Other comme	ents?				
			Thank you for your	commen	nts!	

alabama public health training network